

Bureau Talk

August 2013

Bureau of Home Care and Rehabilitative Standards

Missouri Department of Health and Senior Services

<http://health.mo.gov/safety/homecare/>



Staff changes



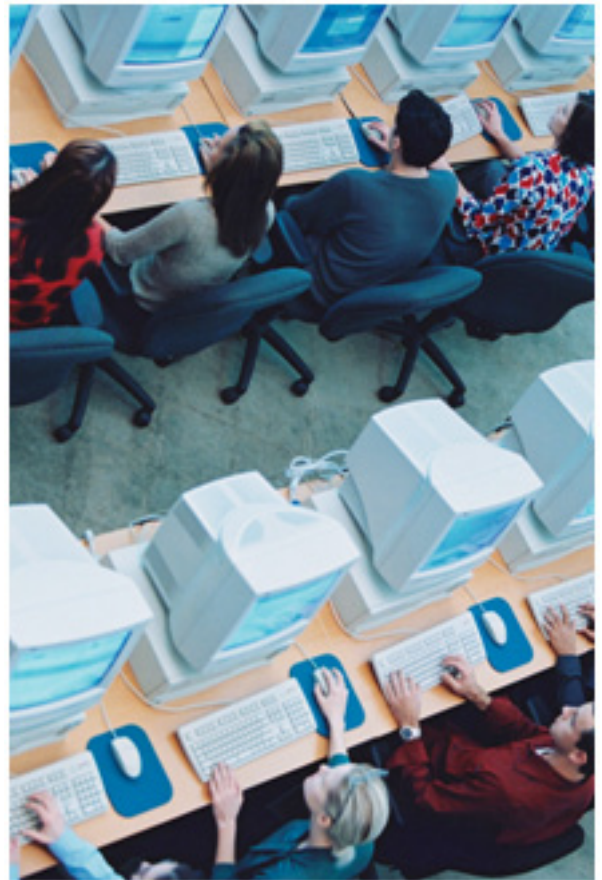
Betsy Dearixon

The Bureau of Home Care and Rehabilitative Standards welcomes a new face—and a new voice to most of you. Betsy Dearixon, the new senior office support assistant, has 17 years of transcription and other experience. She holds a bachelor's degree in agriculture; our plant survival rate in the office is looking much better with her on board! Please join us in welcoming Betsy to the bureau team!

Employee Disqualification List (EDL)

Providers often ask, "Do employers have to check the EDL list on a quarterly basis?" Two laws that address the EDL are silent on this question (Section 660.317 and Section 660.315 of the Department of Social Services' Chapter 660). However, Gov. Jay Nixon and former Department of Health and Senior Services' Director Margaret Donnelly issued a directive on the issue. It states, "Taking the two sections together, all entities listed in Section 660.315 are to check the EDL (at a minimum, the annual EDL report and quarterly updates) before hiring a person in any capacity . . . In addition to the pre-employment EDL checks, entities listed in 660.315 must also check all their current employees against each quarterly EDL update to assure that no one employed in any capacity has been added to the EDL since the initial EDL check. Monthly EDL checks on all employees are not required."

You can find the above information at <http://health.mo.gov/safety/edl/checkrequirements.php>. The bureau highly recommends that all agencies do quarterly EDL checks to assure that no employee has been added since the initial EDL check.



Aide Competency and Skill Check-off



Effective 03/01/2012, all home health and hospice provider agencies must use the newly revised Missouri Home Health/Hospice Aide Competency Evaluation and Basic Skills Check-off.

Also, before an aide is deemed qualified to care for a patient independently, the test also states that the aide must be observed performing ALL the listed tasks on a patient.

If you have not yet obtained the new competency evaluation, please contact the bureau at 573/751-6336, or email Betsy.Dearixon@health.mo.gov.

Agencies who do not use the newly revised Competency Evaluation and Basic Skills Check-off form will be cited with deficiencies.

Temporary Expansions

Several years ago, CMS told the bureau temporary expansion requests could no longer be granted. If a patient resides outside of an agency's approved geographical area, and other agencies are available in that area to meet the patient's needs, the agency must refer the patient to one of those agencies. However, the bureau continues to receive temporary expansion requests. The bureau reminds both hospice and home health agencies that it no longer grants such requests.

The bureau also asks agencies to look periodically at their approved territories. If staffing at an agency changes, and an agency can no longer meet its patients' needs in a reasonable time frame; and, in the case of hospice, within one hour of an emergency, then an agency needs to drop some of its covered territory. For example, if an agency has approval for an entire county, but is unable to meet patients' needs in the entire county, an agency needs to drop the territory it cannot cover. To drop territory, contact 573/751-6336, or email David.Atkinson@health.mo.gov.



Increase in Condition Level Deficiencies



Unfortunately, the bureau is seeing an increase in condition-level deficiencies on surveys. Some surveys are planned Medicare/state licensure surveys, but others result from complaint investigations. Complaint investigations have also increased dramatically over the past two months.

To illustrate, please note:

- From October 2012 to the present, the bureau cited 36 home health/hospice condition-level deficiencies.
- Of these 36 condition-level deficiencies, eight were the result of a home health/hospice complaint investigation.
- From July 2012 (the beginning of the state fiscal year) to the present, there have been 112 complaint investigations. Five occurred in July 2012; six in August 2012; five in September 2012; five in October 2012; 14 in November 2012; seven in December 2012; 11 in January 2013; 15 in February 2013; 11 in March 2013; 13 in April 2013; nine in May 2013; and, 11 in June 2013.

Hospice

Hospice Quality Reporting

A proposed rule in the May 10, 2013, *Federal Register* addresses the FY2014 Hospice Wage Index and Payment Rate Update; Hospice Quality Reporting Requirements; and Updates on Payment Reform (Vol. 78, No. 91). The proposed rule is available at <http://1.usa.gov/15jVlOI>. However, the public comment period ended June 28, 2013.



Effective July 1, 2014, CMS proposes that each hospice collect data using the Hospice Item Set (HIS), a new data collection instrument. HIS collects standardized, patient-level data for the following domains of care: Pain, Respiratory Status, Medications, Patient Preferences, and Beliefs and Values. CMS will use the instrument to collect patient-level data to calculate quality measures.

Hospice providers can review the Hospice Quality Reporting Program section of proposed rule [CMS-1449-P], and the Paperwork Reduction Act Package, which includes the Hospice Item Set. HIS' proposed implementation in July 2014 will impact the annual payment update on Oct. 1, 2015. Access HIS information at <http://go.cms.gov/KOKLEO>. Other helpful information regarding Hospice Quality Reporting can be accessed at <http://go.cms.gov/OsRGGd>.

Requirements for LTC Facilities and Hospice Services

A final rule in the June 27, 2013, *Federal Register* outlines regulatory changes for long-term care (LTC) facility residents who receive hospice services. The LTC regulations clarify the roles between facility and hospice staff on care coordination and care plans. The rule can be accessed at <http://1.usa.gov/17XFPoZ>.

Hospice Top Cited Federal Deficiencies

The top 10 deficiencies cited for hospices are:

- L684 Discharge or Transfer of Care
- L509 Exercise of Rights/Respect for Property/Person
- L530 Content of Comprehensive Assessment
- L524 Content of Comprehensive Assessment
- L651 Governing Body and Administrator
- L647 Level of Activity
- L591 Nursing Services
- L552 Review of the Plan of Care
- L692 Administration of Drugs and Biologicals
- L781 Coordination of Services

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Home Health



Home Health Admit Orders by Hospitalists

The bureau has received several phone calls recently regarding the following scenario.

Hospitalists—the physicians who care for hospitalized patients—are giving referrals for home health care. However, when a patient's primary care physician, the one who signs the patient's care plan after discharge, is notified, he or she refuses to order home health or sign off on the hospitalist's orders.

To avoid this situation, CMS recommends that an agency get authorization or confirmation from a patient's primary care physician within 48 hours of a patient's release. If an agency follows this protocol, it will avoid home health orders that are not signed by a patient's primary care physician. Home health agencies should also follow-up with the hospital administration. Good discharge planning means a hospital should assure that referrals are doable for a home health agency.

Home Health Top Cited Federal Deficiencies

The top 10 home-health deficiencies for Oct. 1, 2012, to present are:

- G158 Written Plan of Care Established and Periodically Reviewed;
- G337 Assessment Includes Review of all Medications;
- G177 Registered Nurse (RN) Counsels Patient/Family in Meeting Nursing/Related Needs;
- G159 Plan of Care Covers Diagnoses, Required Services, Visits, etc.;
- G174 RN Furnishes Services Requiring Substantial/Specialized Nursing Care;
- G187 Therapist Prepares Clinical & Progress Notes;
- G186 Therapist Assists M.D. to Evaluate Functional Level, Develop Plan;
- G322 Accuracy of Encoded OASIS Data;
- G170 Skilled Nursing Services Furnished in Accordance with Plan of Care; and,
- G164 Alert Physician to Changes that Suggest Need to Alter Plan.

Oasis

OASIS Data Set

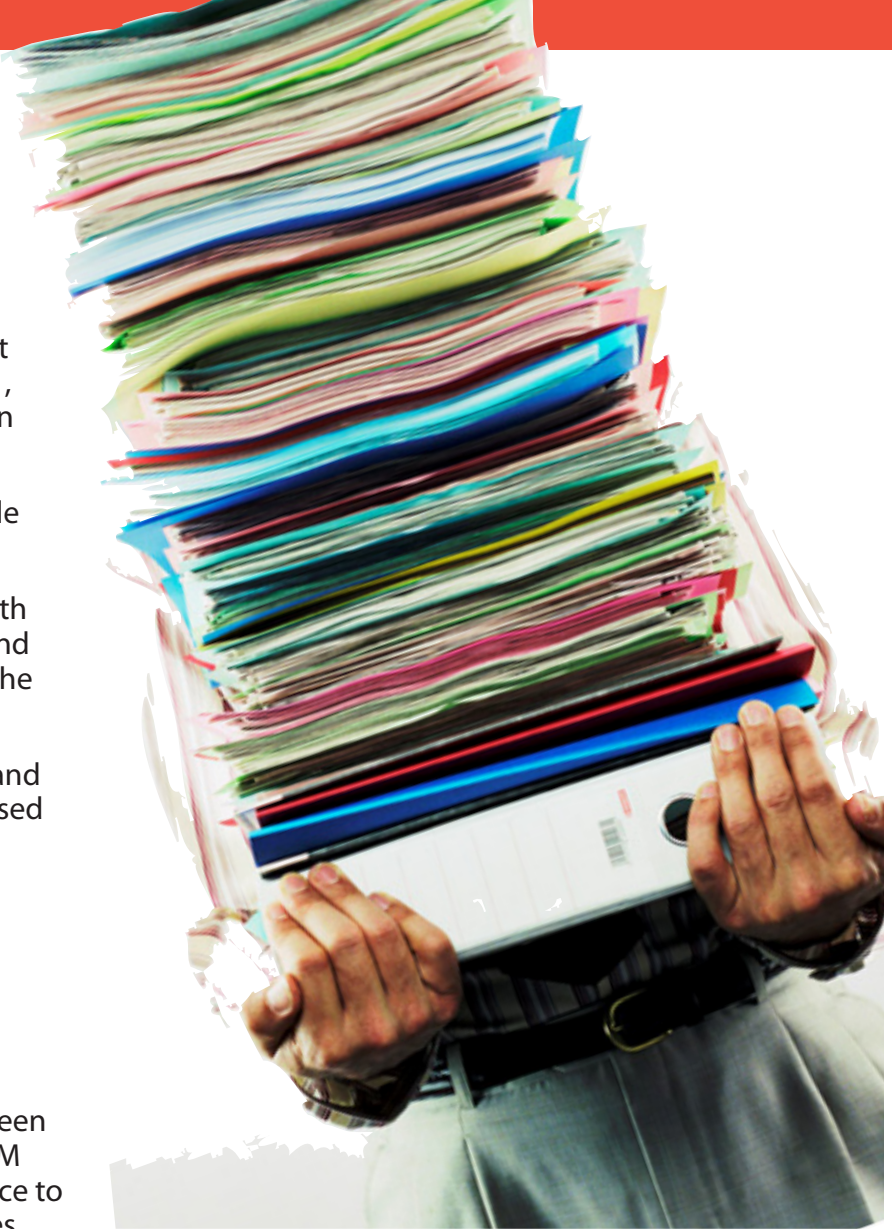
The OASIS-C1 Paperwork Reduction Act (PRA) 60-day notice was posted June 21, 2013, in the *Federal Register*. The notice can be viewed at <http://1.usa.gov/14MbgP4>.

The PRA package documents are available at <http://go.cms.gov/15k8ZAM>.

The bureau highly encourages home health providers to review the documents and submit comments until Aug. 20, 2013, the 60-day comment deadline.

Following are some of the highlights and proposed changes to the OASIS C1 Proposed Data Collection documents:

- Revision of OASIS items to enable diagnoses coding using the ICD-10-CM coding set, effective Oct. 1, 2014.
 - Items in the OASIS-C that report patient diagnoses (M1010, M1016, M1020, M1022 and M1024) have been revised to accommodate ICD-10-CM coding. These items now have space to enter seven-digit codes. References to prior ICD-9 “E” and “V” codes have been removed.
- Remove payment, quality, or risk adjustment items not currently used by CMS.
- Efforts have also been made to increase “harmonization” between the OASIS data items (and resultant quality measures) and other post-acute data collection and quality measurement initiatives, such as the Minimum Data Set (MDS) and the Continuity Assessment Record and Evaluation (CARE) tool.
 - Column 2 on M1308 will be eliminated at all time points and replaced with M1309 at Discharge, in order to collect information on worsening pressure ulcer status using wording that corresponds with the MDS and CARE instruments.
- Modifying and clarifying item wording
 - Wording changes are designed to clarify questions, responses or provide direction to 44 items in OASIS-C1. Examples include clarifying data collection time periods, and spelling out abbreviations like “e.g.” and “i.e.” with clearer language such as “for example” and “specifically.”
- Updated clinical concepts
 - M1032, Risk for Hospitalization, has been revised to collect data on factors identified in the literature as predictive of hospitalization, and to help agencies place those responses in an order based on the length of an appropriate look-back period.



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Oasis

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- Burden reduction—To minimize the burden related to collection of the OASIS data set, CMS and its contractors identified opportunities to eliminate eight items at various time points:

- Eliminate M1012 – This item is not being used for payment, quality measure development or risk adjustment. Therefore, M1012 will be deleted, resulting in a decrease in burden to all OASIS users. This change will impact OASIS assessments conducted at a SOC and ROC.
- Eliminate items M1310, M1312, and M1314 – These items are not being used as intended. They fail to provide a data measure for reporting improvement in a patient's pressure ulcer status between the start or resumption of care, and discharge. Problems with the accuracy of these data also occurred in 2010 and 2011. Eliminating these data items will impact assessments conducted at a SOC, a ROC, and discharge.
- Item M1350, deleted at discharge—This item is used only as a risk adjustment quality measure, so it will be collected only at a SOC and ROC, when risk adjustment takes place.
- Item M1410, deleted at discharge – This item is only used as a risk adjustment quality measure, so it will only be collected at a SOC and ROC, when risk adjustment takes place.



- Item M2110, deleted at discharge – This item is only used as a risk adjustment quality measure, so it will only be collected at a SOC and ROC, when risk adjustment takes place.
- Eliminate Item M2440 – This item has been deleted because it is not used for payment, quality measure development, or risk adjustment.

The OASIS item changes will result in 110 OASIS-C1 data items, four fewer than the current 114 items, and a savings of 14 minutes per episode to complete.



OASIS Resources

Since the May *Bureau Talk*, CMS has completed all of its OASIS-C online training modules, listed below. The modules provide instruction to assist Home Health Agencies (HHAs) in accurately completing the OASIS data set. The bureau also has four OASIS-C training modules at www.health.mo.gov/safety/homecare. Just click on "OASIS."



OASIS-C Online Training: Overview and Conventions

This module provides an overview of OASIS-C. It includes a brief history and evolution of the development of the OASIS-C data collection instrument and a discussion of why it was created and how the data are utilized. The module takes about 54 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.



OASIS-C Online Training: Patient Tracking Domain

This module focuses on OASIS-C questions that relate to patient tracking domain. It reviews items M0010 through M0069, M0140 and M0150, providing for OASIS accuracy. The module takes about 49 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS-C Online Training: Clinical Record Items Domain

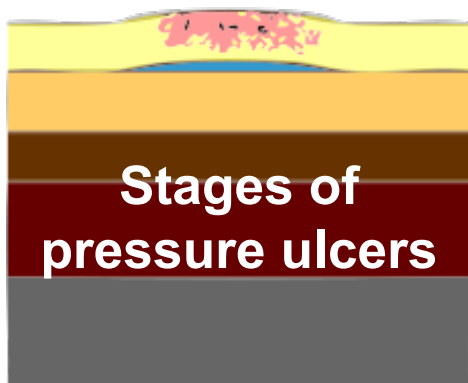
This module focuses on OASIS-C questions that relate to clinical record items domain. It reviews items M0080 through M0110, providing for OASIS accuracy. The module takes about 37 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS-C Online Training: Patient History & Diagnoses Domain

This module focuses on OASIS-C questions that relate to patient history and diagnoses. It reviews items M1000 through M1055, providing for OASIS accuracy. The module takes about 67 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS Resources *(continued from page 8)*

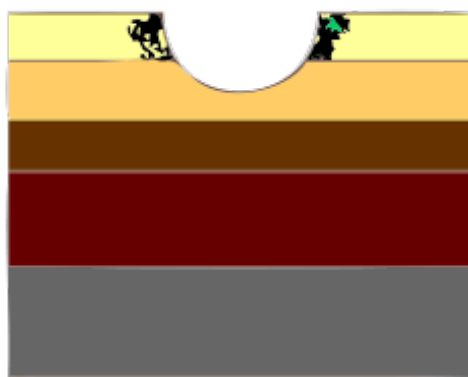
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OASIS-C Online Training: Living Arrangements & Sensory Status Domains

This module focuses on OASIS-C questions that relate to living arrangements and sensory status. It reviews items M1100 through M1242, providing for OASIS accuracy. The module takes about 31 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

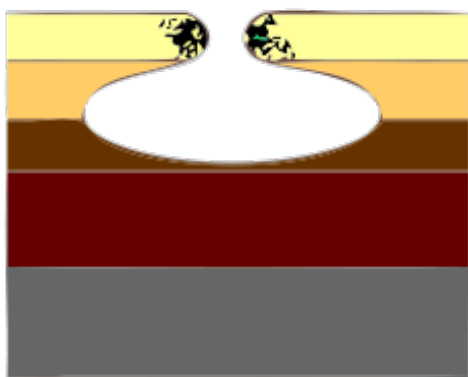
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OASIS-C Online Training: Integumentary Status Domain Pressure Ulcers (Part 1)

This module focuses on OASIS-C questions that relate to integumentary status domain pressure ulcers. It reviews items M1300 through M1307, providing for OASIS accuracy. The module takes approximately 29 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

III



OASIS-C Online Training: Integumentary Status Domain Pressure Ulcers (Part 2)

This module focuses on OASIS-C questions that relate to integumentary status domain pressure ulcers. It reviews items M1308 through M1324, providing for OASIS accuracy. The module takes approximately 43 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

IV



OASIS-C Online Training: Integumentary Status: Stasis Ulcers, Surgical Wounds, & Skin Lesions

This module focuses on OASIS-C questions that relate to integumentary status: stasis ulcers, surgical wounds, and skin lesions. It reviews items M1330 through M1350, providing for OASIS accuracy.

OASIS Resources *(continued from page 9)*



OASIS-C Online Training: Respiratory & Cardiac Status Domain

This module focuses on OASIS-C questions that relate to respiratory status and cardiac status. It reviews items M1400 through M1510, providing for OASIS accuracy. The module takes about 26 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS-C Online Training: Elimination Status Domain

This module focuses on OASIS-C questions that relate to elimination status domain. It reviews items M1600 through M1630, providing for OASIS accuracy.

OASIS-C Online Training: Neuro/Emotional/Behavioral Domain

This module focuses on OASIS-C questions that relate to the Neuro/Emotional/Behavioral Domain. It reviews items M1700 through M1750, providing for OASIS accuracy. The module takes approximately 29 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS-C Online Training: ADL/IADLs Part 1

This module focuses on OASIS-C questions that relate to the Activities of Daily Living and Instrumental Activities of Daily Living. It reviews items M1800 through M1845, providing for OASIS accuracy. The module takes approximately 38 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.



OASIS Resources *(continued from page 10)*



OASIS-C Online ADL/IADLs Part 2

This module focuses on OASIS-C questions that relate to Activities of Daily Living and Instrumental Activities of Daily Living. It reviews items M1850 through M1910, providing for OASIS accuracy. The module takes about 33 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.

OASIS-C Online Training: Medications

This module focuses on OASIS-C questions that relate to medications. It reviews items M2000 through M2040, providing for OASIS accuracy.

OASIS-C Online Training: Care Management Therapy Need and Emergent Care Domains

This module provides foundational education on the Care Management, Therapy Need, and Emergent Care domains of the OASIS data set, covering items M2100 through M2200, and M2300 through M2310. It takes approximately 30 minutes to view, not including the time the user spends answering the embedded scenario questions or taking the brief post-test.



OASIS-C Online Training: Care Planning & Intervention

This module focuses on OASIS-C questions that relate to care planning and intervention. It reviews items M2250 through M2400, providing for OASIS accuracy.

M2250



Here's a tidbit to help your staff answer OASIS data item M2250:

- 1) First ask yourself . . . do I have orders for the specific items listed? If yes, mark "yes" and move on to the next item.
- 2) If you do not have orders, go to the NA column. Consider the NA column your "excuse column." If your reason for not getting the particular order is listed, mark "NA" and move on to the next item. If your reason is not listed, you must mark "no."
- 3) All a clinician needs is one parameter to mark "yes" in the parameter section.
- 4) For row "c," Fall Prevention Orders, you only need one fall prevention order to mark "yes."

Staff having trouble with M1308?



The April OASIS Education Coordinator's Conference indicated that M1308 is undergoing clarification. Until then, try answering M1308 as follows:

In Column 1, M1308 asks the clinician the CURRENT stage and CURRENT number of pressure ulcers; and, of the pressure ulcers listed in Column 1, the number present at a SOC or ROC. If you can get your clinicians to stick to those two things, the accuracy of this OASIS item will increase.

- Column 2 is to be completed only at Recert and Discharge. If a clinician is doing a SOC or ROC OASIS, he or she does not need to answer Column 2.
- On Recert and Discharge, think of Column 2 as a separate question.
- Answer Column 1 first. If there are no pressure ulcers, place a "0" in the space. Then go to Column 2 and place "0" in every space that has a "0" in Column 1.
- When answering Column 2, the stage of the pressure ulcer doesn't matter. Column 2 wants to know if a pressure ulcer listed in Column 1 was listed on a SOC or ROC.

M1830, M1845, M1870, M1880, M1890



Q & A

CMS' following Q&A from April 2013 may help agencies and their staff score the ADL/IADL task items.

QUESTION #7: *My staff is confused about when a patient's ability to access the location and/or implements needed to complete the ADL/IADL tasks should be considered when scoring the OASIS items. For instance, should I include a patient's ability to get to the tub for M1830 bathing, or to get to the kitchen to prepare a meal for M1880, or to get to the phone for phone use in M1890?*

ANSWER: The OASIS ADL/IADL items consider the patient's ability to access the needed items and/or location where the task is performed, unless item guidance specifically excludes these from consideration. The five ADL/IADL items where there are exclusions follow:

M1830, Bathing – The focus is on the patient's ability to access the tub/shower, transfer in and out, and bathe the entire body once the needed items are within reach. The ability to access bathing supplies and prepare the water in the tub/shower is excluded from consideration when assessing the patient's bathing ability.

M1845, Toileting Hygiene – The focus is on the patient's ability to access needed supplies and implements, and manage hygiene and clothing once at the location where toileting occurs. The ability to access the toilet or bedside commode, transfer on and off the bedpan, and to use the urinal is excluded from consideration when assessing the patient's toileting hygiene ability.

M1870, Feeding/Eating – The focus is on the patient's ability to eat, chew and swallow once the meal is placed in front of the patient and needed items are within reach. The ability to access the location where the meal is prepared and consumed, and transporting food to the table are excluded from consideration when assessing the patient's feeding/eating ability.

M1880, Planning & Preparing Light Meals – The focus is on the patient's ability to plan and prepare meals once the patient is in the meal preparation location. The ability to access the location where meals are prepared is excluded from consideration when assessing the patient's meal planning and preparation ability.

M1890, Telephone Use – The focus is on the patient's ability to use a phone once it is within the patient's reach. The ability to access the location where the telephone is stored is excluded from consideration when assessing the patient's ability to use the telephone.

Oasis Submissions

**Not all home health agencies
are transmitting OASIS data as
required by regulation.**

Per 484.20 Condition of Participation: Reporting OASIS Information, (G320)

“Home health agencies must, at least monthly, electronically report OASIS data on all applicable patients in a format that meets CMS electronic data and edit specifications.” If agencies are not transmitting at all, this automatically falls under G320 and an agency will be cited with a condition-level deficiency. This action will put the agency on a fast track to termination.

There are also several other G- tags that address accuracy, time frames, etc. These G-tags are standard-level tags; however, if an agency is submitting the OASIS but is not compliant with several of these standard tags, a condition can still be cited.

This is a reminder to all home health agencies to look at their processes for OASIS transmissions.



Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services' Bureau of Home Care and Rehabilitative Standards, P.O. Box 570, Jefferson City, MO, 65102-0570, 573-751-6336. Hearing- and speech-impaired citizens can dial 711.

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